



RECORD OF VOLUNTEER SERVICES FOR INCARCERATED INDIVIDUAL

Month: _____ Year: _____

Name: _____ DOC number: _____

Supervisor: _____ Facility/unit/area: _____

NOTE: Turn this time sheet into your supervisor by the 1st of each month.

Day	Time arrived	Time departed	Total hours	Type of activity
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
21				
22				
23				
24				
25				
26				
27				
28				
29				
30				
31				

TOTAL: _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Supervisor **COPY** - Incarcerated individual